

APPLICATION FOR ASSESSMENT REDUCTION OF NEW CONSTRUCTION FOR PARENT(S) OR GRANDPARENT(S) QUARTERS

Pursuant to 193.703, Florida Statutes
MIAMI-DADE COUNTY, FLORIDA

Tax Year:

Owner Name:

Mailing Address:

Owner's Telephone No.:

Property Identification:

Parcel No.:

Tax Acct. No.:

Legal:

Describe the construction or reconstruction completed for parent or grandparent quarters: (attach permits, certificate of occupancy and plans)

Proof of Residence for parents/grandparents:	Occupant 1	Occupant 2
Occupant's Full Name:		
Occupant's Prior Address/IRS Address:		
Do you still own this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive Homestead or any other tax benefit(s) last year on any property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what was the address?		
If No, list address where you previously resided.		
Date Moved into Applicant's Home:		
Relationship to Owner/Owner's Spouse:		
Florida's Driver's License Number:		
Florida Driver's License Issue Date:		
Date of Birth:		
Florida Vehicle Tag Number:		
Dade County Voter's Registration Date:		
Immigration Number and Issue Date:		
Current Employer:		
Employer Address:		
Declaration of Domicile Date:		
Home Phone Number:		
Social Security Number:		

**APPLICATION FOR ASSESSMENT REDUCTION OF NEW CONSTRUCTION
FOR PARENT(S) OR GRANDPARENT(S) QUARTERS**

Pursuant to 193.703, Florida Statutes

MIAMI-DADE COUNTY, FLORIDA TAX YEAR:

Only construction or reconstruction completed after January 7, 2003 may be granted an assessment reduction. Ref F.S.193.703 (3) and Florida Dept. of Revenue Administrative Code 12D-8.0068(3)(d) ☐ ☐

Social Security Disclosure Note: Disclosure of your Social Security number is mandatory. It is required by Section 193.703, Florida Statutes. The Social Security number will be used to verify taxpayer identity, Homestead Exemption information submitted to property appraisers, and intangible tax information submitted to the Department of Revenue.

I understand that Section 196.131 (2), Florida Statutes, provides that any persons that shall knowingly give false information for the purpose of claiming Homestead Exemption is guilty of a misdemeanor of the first degree, punishable by a term of imprisonment not exceeding 1 year or a fine not exceeding \$5,000 or both. Further, under penalties of perjury, I declare that I have read the foregoing application and the facts in it are true.

Notice: If the owner of Homestead property, for which reduction in assessed value has been granted, is found to have made any willfully false statement in the application for the reduction, the reduction shall be revoked, the owner is subject to a civil penalty of not more than \$1,000 and the owner shall be disqualified from receiving any such reduction for a period of 5 years, pursuant to Section 193.703(S), Florida Statutes.

I, as owner of this property, hereby make application for the exemption(s) indicated and affirm that I do qualify for the same under Florida Statutes. I am a permanent resident of the State of Florida and I own and occupy the property described above.

I, as owner of this property, understand that if I file this application before January 1 of the year for which I am applying and subsequently move out of the property before January 1 of the same year then I have a legal duty to notify the Property Appraiser's Office promptly, as required by law.

I, as owner of this property, hereby authorize the Property Appraiser's Office to obtain information from utility companies or any other source necessary to determine my eligibility for the exemption(s) applied for. If all information is not received by March 1, my application will be processed for whatever exemption(s) I qualify for on that date.

I hereby certify that the person(s) named on the reversed side of the application is a qualified parent or grandparent primarily resided on the property on or before January 1 of the year this assessment reduction is applied for, and that to my knowledge does not claim Homestead Exemption elsewhere in Florida, nor a residency based exemption or tax benefit in another state.

Further, under penalty of perjury, I declare that I have read and understand the foregoing application and the facts in it to be true.

Owner Signature

Date

Signature of Deputy

Date